

(See Reverse for Instructions)

CONTRACT NUMBER		<input type="checkbox"/> STATE FUNDED PROJECT  <input type="checkbox"/> FEDERAL AID PROJECT	<b>APPROVAL</b>	
REQUEST DATE			RESIDENT ENGINEER (Signature)	DATE
PRIME CONTRACTOR			<b>GOOD FAITH EFFORT</b>	
LISTED OR PREVIOUSLY APPROVED SUBCONTRACTOR			DEPUTY DISTRICT DIRECTOR - CONSTRUCTION (Signature)	DATE
<input type="checkbox"/> DBE <input type="checkbox"/> DVBE	PROPOSED SUBCONTRACTOR		<input type="checkbox"/> DBE <input type="checkbox"/> DVBE	

ITEM #	WORK DESCRIPTION	DOLLAR AMOUNT COMPLETED	REMAINING DOLLAR AMOUNT	ITEM #	WORK DESCRIPTION	DOLLAR AMOUNT
	TOTAL \$				TOTAL \$	

(Check Appropriate Block)

- ☐ 1. The listed DBE/DVBE, after having a reasonable opportunity to do so, failed, or refused to execute a written contract, when such written contract, based upon the general terms, conditions, plans and specifications for the project, or on the terms of such subcontractor's or supplier's written bid, was presented by the Contractor.
- ☐ 2. The listed DBE/DVBE is bankrupt or insolvent.
- ☐ 3. The listed DBE/DVBE failed or refused to perform the contract or furnish the listed materials.
- ☐ 4. The listed DBE/DVBE subcontractor failed or refused to meet the bond requirements of the Contractor.
- ☐ 5. The work performed by the listed subcontractor was substantially unsatisfactory and was not in substantial accordance with the plans and specifications, or the subcontractor was substantially delaying or disrupting the progress of work.
- ☐ 6. It was in the best interest of the State.

REMARKS:

# **SUBSTITUTION REPORT FOR DISADVANTAGED BUSINESS ENTERPRISE/DISABLED VETERAN BUSINESS ENTERPRISE**

CP-CEM-2401 (REV. 3/99)(Old HC-0046 REV. 6/93) CT# 7541-3507-3

## **INSTRUCTIONS**

<b>Contract Number</b>	Example: 01-234567
<b>State Funded/Federal Aid</b>	Check one only.
<b>Approval</b>	Resident Engineer can approve if: One DB is to be substituted for another DB if the same items of work are involved or, if different items, the dollar value is equal to or greater than the original proposal; the new DB is certified.
<b>Good Faith Effort</b>	DDD or his/her designee must approve if: A good faith effort was made to substitute listed subcontractor, but proposed subcontractor is not certified as DBE.
<b>Date</b>	Date of approval by Resident Engineer/Deputy District Director.
<b>Listed/Proposed Subcontractor</b>	Indicate name of subcontractors involved. Check one box only, as applicable.
<b>Item Number</b>	From Special Provisions.
<b>Work Description</b>	Corresponds to Item #, Special Provisions. List only items or partial items of work allocated to subcontractor being removed.
<b>Dollar</b>	Dollar amount of work completed by previously approved contractor, and dollar amount of remaining work. (If a portion of the work has been done, explain in the remarks section or on attachment.)
<b>Reasons for Substitution</b>	Check appropriate box.